

## **Repetition and Repair**

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Commentary on the film "Love and Diane"

Cornell University, September 9, 2005

So much has already happened by the time we meet Love and Diane at the beginning of this extraordinary film. So much of it is unthinkable, unbearably painful if we stop to reflect on it, and making us stop to reflect on it is certainly one function of the film. In the case of African-Americans, we must start with being kidnapped into slavery, the middle passage, life, if you can call it that, in slavery in the United States. As Gump (2000) has pointed out, slavery and then life in the Jim Crow South, created a legacy of trauma, transmitted across the generations, with which African-American families have had to cope and still have to cope. In the case of Diane, we know that she was abandoned in a car, along with her siblings by her parents at age 3, that she used drugs and alcohol perhaps at first in a misguided effort to cope with the untold pain in her life, could not take care of her children and lost custody of them. One of her sons, Charles, committed suicide. One of her children, Love, kept running away from home, got placed in a group home, contracted the HIV virus and got pregnant. As the film opens all of this has already happened. Beyond shame and guilt, the horror of this situation is such that one wonders how Love and Diane were able to bear it. Imagine yourself as Love or Diane; see if you can think about it for more than a few seconds without turning away. The question I would like to raise in this talk is how people do bear such pain. I will focus on Love, Diane, and the lawyer, child welfare personnel, and therapists as they figure in the film. The question in the background for me as a psychoanalyst is repetition. Unprocessed trauma tends to be repeated. The proximal trauma in this case is that of having a child with high hopes, only to lose that child, to have that child taken away. There are more distal, unknown traumas to be sure, going back to slavery, when children were taken away, when whole families were torn apart. For how many generations has that been repeated? Much recent work in psychoanalysis has been done around the question of how the cycle of repetition can be interrupted. Freud counterposed repetition, clinically, to remembering. What is not remembered is repeated. Selma Fraiberg amended this formulation, using the word "remember" in an emotional sense, emotions that are not remembered lead to repetition. More recently, Fonagy and Target and Mary Main have put another variation on this theme with their concept of mentalization. What cannot be thought about tends to be repeated. For example, a mother who has been physically abused may experience her baby's exuberant reaching out, such as we saw with Donyea banging on his foster mother's face, as an aggressive attack and block it aggressively, leading to a self-fulfilling

prophecy in which her baby becomes aggressive. This happens when there is no space to think the thought: “my baby’s reaching out *reminds* me of my father’s hitting me”. It just *is* an aggressive attack, a sort of flashback. Flashbacks become repetition in the absence of the ability to think *about* trauma. So one way the cycle of repetition can be interrupted is to foster the capacity to think about trauma, to think about the unthinkable, to somehow render the unthinkable thinkable.

This way of formulating the question as to how the cycle of repetition can be interrupted has to do with what goes on within the person, with her capacity to think. Although another person, a therapist or someone else, may be instrumental in fostering this capacity, the crucial change takes place within the psyche. Another line of thought about interrupting repetition has to do with how trauma tends to be repeated within relationships, and specifically within the relationship of a psychoanalytic treatment. One way to define a psychoanalytic treatment is as a relationship specifically designed to elicit repetitions of trauma within a sort of transitional space that creates space both to think about what is happening as it occurs, and to work together to fashion a new ending to an old story. The patient comes to treatment expecting to be traumatized in the same old way, often abandoned or exploited in one way or another. There is also, except in the most extremely destructive situations, some hope that this time it can work out differently. The therapist’s job is to participate in an enactment of trauma that will often play out around some real/perceived abandonment or exploitation, around money, in private practice, or a failure to understand something, for example, while remaining curious in collaboration with the patient about how meaning is made of the events. In the traumatic script that is pre-written, the therapist’s role is to retaliate or abandon the patient further when the patient, enraged or deeply discouraged, reacts to the first hint of abandonment or exploitation. The unthinkable becomes thinkable as it is relived with another person whose job it is to keep thinking about what is unfolding, rather than engage in knee jerk defensive reactions as people often do in real life. This process may fail for a number of reasons. The balance of destructive and hopeful forces within the patient may be too unfavorable, and/or the therapist may be unable to resist being drawn into the vortex of defensive or retaliatory reactions because of past trauma in *her* life, for example. In this sense, interruption of the cycle of repetition depends on an interpersonal situation, on the capacity of two people, working together to fashion a different ending to an old story. And we should always keep in mind that there is no guarantee that the unthinkable can be rendered thinkable. In a situation such as that encountered in this film, we, and all those in the film, are working at the edge of what is bearable for human beings.

I think we can extend this way of thinking about trauma and repetition beyond the psychoanalytic clinical situation to the interaction between Love, Diane, and the human services and child welfare systems. Like a therapist, the job of the people working within these systems is to interrupt the cycle of traumatic and destructive repetitions. Ideally, they would be able to reflect on the experiences they have with the people in their care so as to avoid unreflected-upon repetitions of past trauma, child neglect in this case. Unfortunately, the job of child welfare personnel is much more difficult than the job of a psychoanalytically oriented therapist. They are overwhelmed with cases, most of them are emergencies calling for action too quickly to allow for much reflection, their job is often defined narrowly as the protection of the child rather than in terms of processes of repetition within the family as a whole, and the workers are not trained like psychoanalytic therapists to work with their own subjective reactions to their clients to avoid repetitions. This is an important reason why I believe that therapists who report clients to the child welfare system need to work closely with the case worker to help achieve a therapeutic result to the intervention. It is also a reason why I think psychoanalysts need to get out of their offices to help train people on the front lines of social emergencies to get a perspective on issues of transference and countertransference and the ways in which they manage their reactions to the unthinkable or the nearly unthinkable that confronts them on a daily, hourly, basis.

Let us now return to the story of Love and Diane and those who tried, successfully and unsuccessfully, to help them, with these ideas of repetition and repair in mind. First, however, I will address a collateral question that has to do with how trauma gets repeated. Sometimes there seems to be an uncanny similarity between the way in which a person was traumatized early in life, and the traumatic situations that arise later in his or her life. The woman who was sexually abused, has a daughter, forms a relationship with a husband or boy friend who sexually abuses her daughter, for example. Therapists are familiar with ways in which they, horrified, start to realize that they are upsetting their patients in ways uncannily similar to ways in which the patient was traumatized in the past. The person who was abused and neglected in early life may come to feel that the therapist's quiet listening stance is unconscionably neglectful. How can you just sit there while such horrible things are happening in my life? How can you be so intent on ending sessions on time when I am pouring out my heart to you? The question that comes up at such moments is, to what extent is past trauma being repeated as a function of subtle ways the patient *makes* it happen, and to what extent does the outside world, other people, you and I as

therapists or caseworkers, somehow keep failing the patient in the same ways? Relational psychoanalysts have been grappling with this question in recent years, trying to give substance to the general idea that *both* must always be happening, i.e. the patient is inducing from the therapist the very behavior they fear, but at the same time, the therapist can be plausibly seen as fostering the repetition. One way to approach this is to note how patients are selectively attentive to the ways their therapists, and other people, fail them. The way a therapist ends sessions on time may be especially salient to a patient who felt ignored and neglected in early life. Such a patient may start talking about especially emotionally charged material late in the session, as if to test the therapist's true commitment to listening and responding to what she has to say. The patient who does such a thing may annoy her therapist, making it more likely that the therapist will not be able to give the patient her full, sympathetic, attention. On the other hand, a therapist in such a situation may wonder, why *is* it so important to me to end my sessions exactly on time? Why do I schedule my day so tightly that I set myself up to be annoyed when someone needs extra time? A therapist might decide to note out loud that the patient starts talking more emotionally toward the end of the session, and the patient may say, of course, "don't you think I get emotional as I realize the session is soon to end?" In any case, the point I am making here is that, from a relational point of view, repetitions always involve something the person in question is doing, and some cooperation or collusion with the repetition from the therapist's side, or from the side of many other people in the person's life with whom they "conspire" to re-create trauma. My experience was that the situation seemed to move inexorably toward Love losing her baby, as she had been lost to her mother. Is there some way in which Love and Diane were setting up this repetition? Is there some way in which those involved with them in the human services system colluded with the repetition? And how do we imagine how this repetition could be interrupted, in part was interrupted, so that the cycle of trauma and repetition could be broken?

Whatever Diane's life was like up to that point, it is most striking that she named her child "Love". There is, of course, hope in that name, hope that is reflected again in Love's anticipation of love from her baby. As Love makes explicit, for a person who has been deprived of love, a baby is born with the obligation to make good on that broken promise to her mother. Evidently, Love was born into that situation. For Diane, Love's birth represented a renewal of hope and she named her baby, exuberantly, so the whole world would know of her joy. If I had been there at the time, I would have worried about whether Diane was taking account of how difficult it is to take care of a baby and to raise a child and an adolescent, how much hate as well

as love gets evoked in this relationship. For people who have been exposed to too much hate or destructiveness in their lives, however, one way to cope is to split off love from hate, to try to preserve an area of love uncontaminated by the overwhelmingly destructive power of hate and rage. The problem with this strategy is that it also yields an area of hate unmodulated by love, and makes it difficult to cope with the ordinary mixture of good and bad feelings that are inevitable in any close relationship, certainly a parent-child relationship. If I had been there, I would have worried about what would happen when Love did not live up to her name. Diane comments on how Love, and all her children were meant, but failed, to repair the “hole in my heart” from not having had a mother and father herself, indeed that the more children she had the more she felt that hole in her heart.

There is also the question of rivalry among the siblings when there may not be enough parental nurturance to go around and when there is the potential for idealizing, and thus denigrating, the children. It is significant, in that connection, that the outburst of rage that resulted in Love’s initially losing her child grew out of an incident of being teased by a sibling. One must also wonder what are the factors that led Love to her violent outburst, given that at some level she must have known that she was under scrutiny as to her ability to be a competent parent. Love, with characteristic insight in her better moments, explains it like this: “Nobody understands that I’m hurting but all they do is push me away and when they teased me I didn’t know what to do so I reacted and threw things”. We can also wonder whether in the background was some ambivalence about the burdens of parenting, given that she had not yet been parented, or whether success as a parent was threatening to her in some way, or whether living a life too different from the one she had known was unimaginable at the time, or whether she felt like such a bad person that she was not entitled to happiness as a mother or as a person. We must wonder what was going on when Love did not attend sessions with her therapist even though she knew that would be the crucial factor in determining whether she would get her baby back. Love comments about this: “I don’t like to talk about things that bother me---that’s not how you get rid of the past, by talking about it constantly---when I don’t do the right thing, I don’t want to talk to nobody---everybody always tells me “this is what you have to do and when I don’t do that---“. Love points to her despair, her wish that she could forget the past, her shame in the face of her failures to “do the right thing”. To me, there always seems to be more at play than is suggested by what a person in the grip of a traumatic repetition can explain,. It often seems that there is some powerful and nearly inexorable destructive force at work.

In the film, for all that, Love and Diane bring many assets to their lives, to the effort to avoid the repetition of the family trauma. They do tolerate the co-existence of love and hate in relation to each other. First of all, Diane is able to bear feeling guilt about having abandoned her child. How difficult must that be, especially given the guilt she must already feel about her son's suicide? The alternative could have been to demonize Love, to try to convince herself, Love, and the rest of the world that Love deserves whatever bad things happen to her, not that she, Diane, had set a chain of events in motion that led to Love's life situation. I was struck with how little of that demonization there was, and how strong Diane was to put into words how badly she felt about the mistakes she had made in her life and how her children had been made to suffer. The capacity to bear guilt arises from the integration of love and destructiveness, from the recognition that one has hurt someone that one also loves. Those who can't bear guilt need to make those who one has hurt all bad, so that guilt doesn't arise. For her part, Love shows the ability both to love and to hate her mother. She gives full voice to her anger and hatred about her mother's failures. Yet, in one of the film's most touching scenes, she acknowledges how much she needed, and, by implication, still needs, her mother, how when she ran away from foster placements, it was always to look for her mother. Love says: "I'd do anything to get my mother's attention---I thought they thought I was the worst because I said my mother's smoking crack---I had a lot of guilt so I went my separate way." There is a vulnerability that shows how deeply Diane and Love touch each other, how much love has survived between them. Given what has gone down in their lives, it is very impressive to me that they could be so open to each other. This is where the film gave me the most cause for hope.

So, in that way, the film shows how Love and Diane survived and found a way to bear the pain of their lives. I will now turn to the anonymous therapists and case workers of the film, and the ways in which they both face up to, and turn away from, the pain brought by Love and Diane. In other words, how did they collude with the repetition of trauma in this case, and how did they help facilitate an interruption in the cycle of trauma and repair?

It seemed to me that the reactions of the social service network in this case were often quite heavy-handed and unhelpful. When Diane tells her therapist that Love had been throwing things in the presence of Donyea, and that Love was not providing him with milk, the therapist calls child welfare, and the baby is immediately removed. Diane is then disqualified as a kinship foster parent because of her history of drug abuse and neglect. We are not made privy to the thinking of the child welfare personnel in this case, nor to the thinking of Diane's therapist in

calling child welfare, so we can only speculate. Did Diane's therapist think the baby was truly at risk, that the situation at home was out of control, or about to go out of control, or was she only following protocol in making a report of child neglect. It is well established that such reports are made much more commonly in the cases of impoverished and Black and Latino families seeing their therapists in clinics, than in the cases of middle class white families seeing private practitioners. In any case, it is clear that Diane was asking her therapist for help when she told her what had happened at home, and that she did not expect the baby to be removed from the home in response. It should not be surprising that Love would be slow to trust her therapist later in the film, when she was required to go to therapy to get her baby back. The repetition is striking: Love felt guilty for having blown the whistle on her mother's crack smoking, leading to the break-up of the family. Diane ends up horrified that her report to her therapist ends up provoking the loss of Donyeah. The underlying destructive fantasies, in each case, get actualized, and both Love and Diane end up feeling that they caused something horrible to happen.

Even granted that Diane's therapist may have had reason to fear that Love's baby was in danger, it seems clear to me that the child welfare worker could have referred the family to a child abuse prevention program rather than immediately removing the child from the home. Given the history of neglect in the family, it is possible that it is protocol, again, to act swiftly in such cases to remove the child. One would hope, however, that in such cases the worker would get to know the family in some depth. We would hope that she would get to know that this family possesses great resources and that Diane has changed a great deal since she neglected her children, as we have realized in watching the film, and to mobilize those resources in a productive manner. But we know that society devotes insufficient resources to the child welfare system, that case workers are overwhelmed with large numbers of cases and that in the wake of highly publicized failures to protect children, they may be most concerned with playing it safe in a situation that is labeled high risk.

I must add that despite the handicaps under which the child welfare system operates, I myself have found workers who have gotten to families in their charge very well and who made very sensitive and productive interventions. I have also found that I, as a therapist, can help make the system work well by being in touch with case workers early and often when I make an abuse or neglect report (which I have done in dozens of cases over the years) and offer my opinions as to what would be most helpful to the family.

I would like to take a moment to reflect on the psychological situation that would lead to a therapist and then a case-worker to act only according to protocol in a case like this labeled “high-risk”. On one hand, in most cases, these workers must have willingness and motivation to engage the terribly painful situations around child abuse and neglect, or they would not be in this field. On the other hand, and perhaps by the very same token, they are prone to getting overwhelmed by that pain and so are prone to institute what Jaques (19xx) called social defenses. Social defenses operate in groups that are dealing with high-stress situations, in order to shield the group’s members from overwhelming anxiety. For example, Isabel Menzies (19xx) studied a nursing service in a hospital. She pointed out that nurses, dealing with life and death situations, are subject to overwhelming anxiety. This anxiety is modulated, for example, by blaming others up and down the professional hierarchy for things that go wrong, and by assigning nurses to tasks, like cleaning bed pans, or taking patients’ temperatures, rather than assigning nurses to patients for whom they would responsible for all tasks. Nurses, thus, do not get too connected to individual human beings, a connection that would stir up anxiety and pain in connection with the deaths of their charges. A price is paid, however, in terms of a mechanistic approach to patient care.

I am suggesting that the heavy-handed response in the case of Love and Diane might have resulted from social defenses operating in the child welfare system. The questions that come up in this connection would be: were there other, more productive and less destructive ways Diane’s therapist could have responded to Diane’s report of Love’s violent outburst in the presence of her baby? We can only speculate, but it seems from the inside look that we get that this was a workable situation, the baby was not in immediate danger, no abusive actions had been directed toward him, the problem was a family problem that seemed susceptible to therapeutic intervention. On the other hand, Love had shown herself prone to violence, and in the presence of her baby, and there was Diane’s angry statement that Love was not providing milk to the baby. In that situation, if we assume that some more measured and therapeutically targeted family intervention was called for, short of removing the baby, we can consider the possibility that Diane’s therapist and the child welfare case worker operated out of a mechanical rule-based protocol. This would be an example of a social defense at work. In responding to the nexus of pain and anxiety that was the household at that point in time, with much at stake and much risk associated with a wrong response, I imagine that Diane’s therapist and the case worker took the safe course of action, and that was the part of the system’s response that fed into the pathological repetition. In the background, as I have indicated, is an overstretched child welfare

system, an overburdened worker, and the fear of being blamed for an insufficiently child-protective response. Also in the background is the psychic pain of this family that is so hard to bear and that can trigger the use of mechanical, humanly out of touch responses as a social defense. The whole family needed a foster “mother” in a way, and they did not get it from the therapists or case workers in their lives.

There were several figures in the film who were notable exceptions with respect to their ability to respond to these overwhelmingly painful situations. The attorney, Lauren Shapiro, it seemed to me, struck just the right note of tough-minded and caring realism with Love. She had no illusions about how self-destructive Love could be, but she hung in there with her, reminding Love of her own more hopeful side when Love could not sustain constructive action on her own. Then there was the director of the vocational training program who, in his introductory message to the new group of clients, showed that he understood how badly each of them likely felt about herself, and indicating to them that no matter how discouraged and despairing each of them had become, whether branded by society a criminal, a good-for-nothing, mentally ill, no matter what denigrated racial or ethnic group to which they belonged, it would not matter in his program. In so stating, he indicated that he recognized the pain of his clients’ lives and was prepared to offer an environment free of the usual constant reinforcement of their degradation. They would be seen, freshly, as individuals. At the same time, he showed in the most powerful way that he recognized the self-destructiveness to which his clients were prone, telling them that 80% of those who complete his course would get a job, but that 80% of them or more would not complete the program. Again, tough-minded realism with commitment. This seemed to be just what the doctor ordered for people like Love and Diane. Even though neither the attorney nor the director of the vocational training program were therapists, their approaches should give us therapists food for thought about any therapeutic approach that lacks this kind of tough-minded, realistic, reaching out to clients.

Then there is the intervention of the film maker herself. I was quite amazed, watching this movie, at the extent to which I felt like a fly on the wall watching the unfolding events in this family. I thought what an extraordinary relationship she must have developed with the family, that they were so obviously prepared to be themselves, the good and the bad, while she and others stood there holding a camera. Here is, perhaps, food for thought about another aspect of a therapeutic intervention, the function of witnessing and reflection. The fact that an outsider is present during such emotionally stressful events, recording the events for all to see, could

make one feel very much ashamed, or perhaps less alone, depending on whether one trusts the person not to condemn. The same is true in a therapeutic interaction, in which self-revelation promises to yield either shame or an experience of sharing. I would be very interested to hear from Jennifer Dworkin how she and the others involved in the filming managed to create a degree of trust that allowed Love and Diane to be themselves in her presence and in the presence of her camera. I would also be interested to hear about how she met Love and Diane, what appealed to her about them and their situation, the thought and feeling process she went through in deciding to focus on these particular people in this particular situation. This, too, I imagine, could be part of how the process of making this film could have contributed to a healing power. Given the level of trust that was evidently there, the presence of an outsider who embodies the function of reflection on the events being witnessed, can transform events into something that can be thought about, that can have meaning, in the words of Fonagy and Target, can be mentalized. Certainly not in the moment of traumatic stress, but later, there is the promise in that witnessing that one's private emergency will take its place in the shared reservoir of human experience.

So, between the attorney, the director of the vocational rehabilitation program, and the film maker, we have the crucial elements of a therapeutic intervention, the active elements of tough-minded realism and commitment, and the more reflective element of witnessing and reflection. These are the elements of the environmental response that promote an interruption of the cycle of trauma and repetition.

Parenthetically, I note that Donyeah appears to bring a great deal of strength to the stressful circumstances of his life. He maintains his equilibrium and his *joie de vivre* as he is moved from caretaker to caretaker, without meltdowns and without appearing to dissociate. At times of transition he seemed to me understandably and appropriately sober. The only hint of his stress appears in the form of very mild oppositionalism as he is returned to Love and very deliberately puts her book in the fish bowl. Also, parenthetically, I was very struck by the extraordinary attachment the baby's foster mother developed to him, to the point where she could not be present when he was returned to Love. She had fallen in love with him. This speaks, perhaps both to her personal qualities, and the baby's appeal. It also spoke to how much love can develop and be sustained in the temporary foster placements that are all too common in the system. Finally, I was struck with the quiet, reassuring, presence of Love's boy friend, Courtney, who, until nearly the end, seemed to provide another witnessing, containing presence

at Love's side. These are all factors that promoted a relatively positive outcome to the story as far as we are made privy to it, so that as the film ends we can hope that the cycle of trauma and repetition might be interrupted. There is, of course, the wild card of Love's HIV infection and how she manages to cope with being attached to her son knowing that her time with him could be cut short. It is possible that the die had been cast in some respect before the film begins in such a way that certain outcomes are inescapable, but within those constraints the film shows us how human intervention and human strength can give people in some of the most extremely unfavorable circumstances a degree of freedom to author their destiny.